| PATENT A | RD | | | 53 | USD 092 | , | | | | |
|--|---------------------------------|---------------|---------------------------------|------------------|--------------|-------------------|------------------------|-----|---------------------|------------------------|
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER (Column 1) (Column 2) TYPE OR SMALL | | | | | | | | | | THAN |
| TOTAL CLAIMS | | 16 | | | | RATE | FEE | | RATE | FEE |
| FOR | | MUNISER FILED | MUMB | NUMBER EXTRA | | ASIC FEE | 370.00 | OR | Basic Fee | 740.00 |
| TOTAL CHARGEABLE CLAIMS | | // minus 20- | | | \ | X\$ 9= | | OΑ | X\$18= | |
| INDEPENDENT CLAIMS | | minus 3 = | | | X42= | | | OR | X84= | |
| MULTIPLE DEPENDENT CLAIM PI | | RESENT | | | ` - | +140= | | | +280= | |
| * If the difference in column 1 is less than zero, enter "O" in column 2 | | | | | | TOTAL | | OR | | 740 |
| CLAIMS AS AMENDED - PART II | | | | | | | L | Jun | OTHER | |
| (Cotumn 1) (Cotumn 2) (Cotumn 8) | | | | | | SMALL | ENTITY | OR | SMALL | |
| Total Independent | REMANING AFTER AMENDMENT | PREV | MBER NOUSLY DFOR | PRESENT | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIQNAL FEE |
| Total | .17 | Mires | 70 | • \ | | X\$ 9= | | OR | X\$18- | |
| Independent | • / | Minus | 3 | - \ | | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +140=, | | OR | +280= | |
| • | | | | | 40 | TOTAL OIT, FEE | | OR | YOYAL ADDIT, FEE | |
| 06/03/05 A | | | mn 2) | (Column 3) | | | | | | |
| Expendent Expendent | CLAMS REMAINING AFTER AMENOMENT | NU. PREV | HEST MBER NOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total | . 15 | Minus - 2 | 0 | · Ø | | X\$ 9= | | OR | X\$18= | 7 |
| Exper poses | • / | | 3 | -0 | lΓ | X42a | | OR | X54- | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +140 = | | OR | +260= | |
| 12/21/05 | | • | | | AD | TOTAL Off. FEE | - | OR | TOTAL ADDIT FEE | |
| 13/01. | (Column 1) | | ımn 2) | (Column 3) | | | | | : | |
| 1 | REMAINING AFTER AMENDMENT | NUI PREV | MEST MBEA MOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADOI- TIONAL REE |
| Total | . 15 | Minus - 6 | 20 | -0 | | X\$ 9= | | OR | X\$16= | |
| Total Total Independent | • 1 | Minus on a | 3 | .0 | | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | 140= | | OR | +280= | |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2." The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | Ó |
| COLUMNO CO CO | | | | | | | | - | | |